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ABSTRACT

Crowded juvenile correctional centers, escalating costs of confinement, and high rates of recidivism have renewed interest in bringing innovative ideas to juvenile aftercare philosophy, practice, and programming. This program summary details an Office of Juvenile Justice and Delinquency Prevention initiative designed to assist public and private corrections agencies in developing and implementing effective aftercare approaches for chronic juvenile offenders who initially require secure confinement. This manual tries to provide the reader with a clear sense of how program elements and components are structured and how they function. Underlying principles offer a sufficient, sound, and understandable "blueprint" from which program design can proceed. The Intensive Aftercare Program (IAP) was designed to address: (1) identified, need-related risk factors associated with reoffending juveniles; (2) the set of ancillary program services that focus on other needs and problems of high-risk juvenile parolees; and (3) surveillance and monitoring objectives. With it, the juvenile justice system can begin to confront multifaceted circumstances part of the dynamics of recidivism. The theory-driven, empirically based IAP model is designed to: provide public protection; operate with limited resources; and be tailored to different jurisdictions that are trying to confront, hold accountable, and treat their own high risk parolees. (JBJ)

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U.S. Department of Justice
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Intensive Aftercare for High-Risk Juveniles: A Community Care Model

Program Summary

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Office of Juvenile Justice and Delinquency Prevention

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) was established by the President and Congress through the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974, Public Law 93–415, as amended. Located within the Office of Justice Programs of the U.S. Department of Justice, OJJDP's goal is to provide national leadership in addressing the issues of juvenile delinquency and improving juvenile justice.

OJJDP sponsors a broad array of research, program, and training initiatives to improve the juvenile justice system as a whole, as well as to benefit individual youth-serving agencies. These initiatives are carried out by seven components within OJJDP, described below.

Research and Program Development Division develops knowledge on national trends in juvenile delinquency; supports a program for data collection and information sharing that incorporates elements of statistical and systems development; identifies how delinquency develops and the best methods for its prevention, intervention, and treatment; and analyzes practices and trends in the juvenile justice system.

Training and Technical Assistance Division provides juvenile justice training and technical assistance to Federal, State, and local governments; law enforcement, judiciary, and corrections personnel; and private agencies, educational institutions, and community organizations.

Special Emphasis Division provides discretionary funds to public and private agencies, organizations, and individuals to replicate tested approaches to delinquency prevention, treatment, and control in such pertinent areas as chronic juvenile offenders, community-based sanctions, and the disproportionate representation of minorities in the juvenile justice system.

State Relations and Assistance Division supports collaborative efforts by States to carry out the mandates of the JJDP Act by providing formula grant funds to States; furnishing technical assistance to States, local governments, and private agencies; and monitoring State compliance with the JJDP Act.

Information Dissemination and Planning Unit informs individuals and organizations of OJJDP initiatives; disseminates information on juvenile justice, delinquency prevention, and missing children; and coordinates program planning efforts within OJJDP. The unit's activities include publishing research and statistical reports, bulletins, and other documents, as well as overseeing the operations of the Juvenile Justice Clearinghouse.

Concentration of Federal Efforts Program promotes interagency cooperation and coordination among Federal agencies with responsibilities in the area of juvenile justice. The program primarily carries out this responsibility through the Coordinating Council on Juvenile Justice and Delinquency Prevention, an independent body within the executive branch that was established by Congress through the JJDP Act.

Missing and Exploited Children Program seeks to promote effective policies and procedures for addressing the problem of missing and exploited children. Established by the Missing Children's Assistance Act of 1984, the program provides funds for a variety of activities to support and coordinate a network of resources such as the National Center for Missing and Exploited Children; training and technical assistance to a network of 43 State clearinghouses, nonprofit organizations, law enforcement personnel, and attorneys; and research and demonstration programs.

OJJDP provides leadership, direction, and resources to the juvenile justice community to help prevent and control delinquency throughout the country.

Intensive Aftercare for High-Risk Juveniles: A Community Care Model

Program Summary

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The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office for Victims of Crime.

Foreword

Crowded juvenile correctional centers are symptomatic of the problems challenging a growing number of American communities. Constructing new correctional facilities is difficult in a time of competing demands for scarce tax dollars.

More difficult still is constructing sound solutions that address the underlying causes of juvenile reoffending. But as is often the case, the hardest course may prove to be the most rewarding.

The Office of Juvenile Justice and Delinquency Prevention believes that intensive community-based aftercare—in coordination with graduated sanctions where needed—offers a substantive contribution to this quest.

This summary reports the interim results of OJJDP's research and development initiative to assess, test, and disseminate information on intensive aftercare program models that are theory driven and based on risk assessment. Publication of this summary reflects our continued commitment to sharing this important information with the juvenile justice community.

Working together, I believe that we can build something far more lasting than brick and mortar—a better future for our youth and for our Nation.

John J. Wilson
Acting Administrator
Office of Juvenile Justice and Delinquency Prevention

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Introduction

Growing concerns about crowding in secure juvenile correctional facilities, high rates of recidivism, and escalating costs of confinement have fueled renewed interest in bringing change and innovative programming to juvenile aftercare/parole philosophy and practice. Unfortunately, the juvenile corrections field has compiled a dismal record in its effort to reduce the repeat offender rate of juveniles released from secure confinement. Research indicates that failure occurs disproportionately with a subgroup of released juvenile offenders who have established a long record of misconduct that began at an early age. Such high-risk youth not only exhibit a persistent pattern of justice system contact (for example, arrests, adjudications, placements), but they also are plagued by a number of other need-related risk factors. Frequently these risk factors involve a combination of problems associated with family, negative peer influence, school difficulties, and substance abuse. In addition to these common need-related risk factors, high-risk youth often exhibit a variety of important ancillary needs and problems. Although these factors are not generally predictive of repeat offenders, they must be addressed because these conditions are still present in some, and at times, many high-risk youngsters. For example, although there is widespread consensus that learning disabilities and emotional disturbance are not causally linked to delinquency, these conditions should not be ignored when present.

The juvenile corrections field has compiled a dismal record in its effort to reduce the repeat offender rate of juveniles released from confinement.

Responding to these concerns, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the U.S. Department of Justice issued a request for proposals, Intensive Community-Based Aftercare Programs, in July 1987. The purpose of this research and development initiative was to assess, test, and disseminate information on intensive juvenile aftercare program models for serious, violent, and chronic juvenile offenders who initially require secure confinement.

> Effective aftercare programs focused on serious offenders which provide intensive supervision to ensure public safety, and services designed to facilitate the reintegration process may allow some offenders to be released earlier, as well as reduce recidivism among offenders released from residential facilities. This should relieve institutional overcrowding, reduce the cost of supervising juvenile offenders, and ultimately decrease the number of juveniles who develop lengthy delinquent careers and often become the core of the adult criminal population (Federal Register, 1987:26238–26239).

A risk-based, theory-driven prototype will guide the development and implementation of intensive community-based aftercare programs.

Project design

The intensive aftercare project includes the following stages:

Stage 1: Assessing programs currently in operation or under development and relevant research and theoretical literature on the implementation and operation of community-based aftercare programs for chronic juvenile offenders released from residential correctional facilities.

Stage 2: Developing program models and related policies and procedures to guide State and local juvenile correctional agencies and policymakers.

Stage 3: Using the prototype designs, including policies and procedures, to create a training and technical assistance package for use in organized and independent training.

Stage 4: Implementing and testing the prototypes in selected jurisdictions.

The Johns Hopkins University Institute for Policy Studies conducted this multistage project in collaboration with the Division of Criminal Justice at California State University in Sacramento. Project staff have completed the first three stages, including a comprehensive literature review focused on research, theory, and programs; a national mail survey of juvenile corrections officials to identify innovative or promising programs and approaches; telephone interviews with the directors of 36 recommended programs; onsite factfinding at 23 programs in 6 States including 3 statewide systems; formulation of a risk-based, theory-driven prototype intended to guide the development and implementation of intensive community-based aftercare programs; development of an intensive aftercare program training curriculum; and selection and training of action planning teams comprising senior level managers from 8 States. Selected through a competitive RFP process, the eight participating States are Virginia, New Jersey, North Carolina, Colorado, Texas, Pennsylvania, Nevada, and Michigan. The results of these tasks are presented in four project documents: *Intensive Aftercare for High-Risk Juveniles: An Assessment* (Altschuler and Armstrong, 1990); *Intensive Aftercare for High-Risk Juveniles: A Community Care Model* (Altschuler and Armstrong, 1994); *Intensive Aftercare for High-Risk Juveniles: Policies and Procedures* (Altschuler and Armstrong, 1994); *Intensive Community-Based Aftercare Programs: Training Manual for Action Planning Conference* (Altschuler and Armstrong, eds., 1992).

An Assessment focuses on three key aspects of project activities: an update of issues critical to the design and operation of intensive aftercare programs, a description of innovative and promising programs identified through a national mail survey and followup telephone interviews, and a discussion of intensive aftercare approaches and practices examined during a series of site visits. *Policies and Procedures* describes the theory-driven, risk assessment-based Intensive Aftercare Program (IAP) model, which is specifically designed for application in a wide variety of settings and jurisdictions. The *Training Manual* (for availability, see page 17) presents in modular form the key aspects and components of the IAP model, providing examples and illustrations of various

ways in which intensive aftercare can be implemented. The *Community Care Model* summarizes the major findings of the assessment and describes the framework for the prototype proposed for field testing.

Assessing critical issues in intensive aftercare

The juvenile intensive supervision movement

The interest in intensive juvenile aftercare can be traced to experiences during the past decade in adult probation supervision and, subsequently, to experiments with intensive supervision in juvenile probation (Armstrong, 1991). The recent development of a nationwide juvenile intensive probation supervision movement (JIPS) has important implications for the design and operation of juvenile intensive aftercare programs (Clear, 1991; Wiebush and Hamparian, 1991; Steenson, 1986). Although based on enhanced surveillance and heightened social control over offenders living in the community settings, JIPS has taken a number of forms. They include various combinations of intensified surveillance/monitoring and highly specialized treatments and supportive service provision.

The growing interest in juvenile intensive aftercare programs throughout the Nation is linked to an awareness by juvenile correctional administrators that standard parole practices have been largely unsuccessful in normalizing the behavior of high-risk juvenile parolees in the community over the long term (Altschuler and Armstrong, 1990, 1991; Palmer, 1991). Intensive supervision efforts that focus almost entirely on social control have not been effective. Consequently, recent experiments in juvenile intensive aftercare and probation have directed equal attention to the close monitoring of severely delinquent juvenile offenders and the provision of specialized services to them. Accordingly, the proposed IAP model assumes that any attempt to lower rates of recidivism with high-risk juvenile offenders on parole must include a substantial intensification of intervention strategies providing social control and service provision.

Much of the current insight into design and implementation of intensive aftercare has been drawn from the movement to expand and improve on noncustodial correctional alternatives prevalent during the 1960's and 1970's. Some of the approaches and techniques that proved useful in diverting offenders from secure confinement are prime candidates for use in highly structured and programmatically rich aftercare settings. The following were among such innovations:

- Involvement of private agencies and citizens, as well as noncorrectional public agencies, in the community corrections process through the use of both volunteers and paraprofessionals and through purchase of service agreements.

Intensive supervision efforts that focus almost entirely on social control have not been effective.

Prior research suggests that it is largely property offenders, not violent offenders, who are more likely to repeat their crimes.

- Adoption of a new stance by community corrections agencies stressing resource brokerage and advocacy rather than direct delivery of all services to offenders.
- Development of specific techniques such as team supervision and drug/alcohol testing to ensure higher levels of surveillance and control over high-risk offenders.
- Formulation of classification procedures to gauge the likelihood that a juvenile will commit a crime in the future and to assess service needs to match individual offenders with appropriate correctional resources and maximize the effective use of scarce correctional resources.

Target populations

A subgroup of institutionalized juvenile offenders exhibits the highest rate of failure after release. The implication is that identification of individuals at the highest risk of becoming repeat offenders is critical. Such youths usually have established a long record of criminal misconduct beginning at an early age and are a focus of great concern by the juvenile correctional system and society (Wolfgang et al., 1972; Hamparian et al., 1978; Shannon, 1978; McCord, 1979). Prior research suggests that it is largely property offenders, not violent offenders, who are more likely to repeat their crimes (Armstrong and Altschuler, 1982; Strasburg, 1984; Zimring, 1978; Bleich, 1987). Research has shown that traditional and conventional intervention strategies are not effective for high-rate offenders (Coates, 1984; Gadow and McKibbon, 1984; Agee, 1979).

Another subgroup of juvenile offenders who can be considered for inclusion in certain forms of intensive aftercare are delinquents who exhibit particular problems and needs requiring highly specialized forms of treatment. These offenders evidence a number of emotional, cognitive, and other developmental problem areas that hinder normal psychological, social, intellectual, and career development. They have a poor prognosis for successful community reintegration and adjustment. Their special problems need to be addressed through intensified programming and service provision as well as monitoring. Often these special-needs youth are multiproblem individuals whose challenges may coincide with serious, violent, and chronic delinquent behaviors. Consequently, this poses an even more difficult problem. The set of special-needs subpopulations receiving increased attention in the juvenile correctional system includes youngsters with learning disabilities and drug and alcohol dependencies. Other youngsters requiring additional attention are sex offenders, those with mental health problems, and those with neurophysiological impairments, or developmental disabilities, such as mental retardation (Altschuler and Armstrong, 1992).

Assessment of risk and need

The origins of classification in juvenile justice can be traced to one of the founding precepts of the juvenile court movement—the goal of providing individualized assessment for each youth entering this system (Maloney et al.,

1988). This goal is based on the seminal idea that each youth and his or her social environment, background, talents, deficiencies, and problem behaviors all need to be examined on a case-by-case basis, to ensure that the appropriate corrective steps are taken. The current diversity of classification systems for juvenile offenders reflects the recent trend toward stricter crime control and the emphasis on providing tougher sanctions for serious juvenile offenders. Nevertheless, treatment and rehabilitation continue to exert a strong influence on determining the nature of the specific intervention with each youth. As a result, most formal classification schemes employ procedures to assess risk and need factors.

A key task faces correctional systems that propose to identify and intervene more intensively with juvenile offenders most at risk of becoming repeat offenders upon release from secure correctional confinement. The challenge is to develop or adopt a validated risk assessment instrument. Risk assessment instruments are based on aggregate characteristics, indicating that they do not predict exactly which individuals within a subgroup of individuals will become repeat offenders, but rather predict failure rates for each subgroup as a whole. Growing interest across the United States in developing such instruments is a positive step in helping officials make the following decisions: Which offenders should receive priority for intensive aftercare supervision? How many levels of supervision are needed? What contact standards should entail? Which cutoff scores should be used to designate how many cases can be realistically handled by aftercare workers? How can aftercare resources—including field staff—be used most effectively?

Although quantitative, validated risk-assessment instruments have been reasonably successful in distinguishing among groups of offenders exhibiting different levels of risk of becoming repeat offenders, devising scales for predicting recidivism among juvenile offenders is complicated because youth are frequently volatile and impulsive. Often they experience rapidly changing personal characteristics and needs, and they are unlikely to have developed longstanding patterns of behavior on which to predict future misconduct. Nonetheless, the soundest risk assessment scales generally contain some combination of need-related predictors (for example, family, peer group, schooling, and substance abuse) and offense-related predictors. For example, age at first adjudication, number of prior justice system referrals, and number of prior commitments have been shown to be among the best offense-related predictors of future delinquency (Baird, 1986; Baird and Heinz, 1978; Baird et al., 1984).

A common source of confusion in conducting risk assessment has been the difficulty in distinguishing between seriousness of crime and the risk of future criminal activity. Prediction research has repeatedly shown that the relationship between seriousness of the current offense and the likelihood of committing future offenses is extremely weak if not inverse (Clear, 1988; Petersilia et al., 1977; Zimring and Hawkins, 1973). Consequently, the inclusion of a youth who has only committed one serious offense into a risk-based aftercare program may well be regarded as a misuse of risk-based aftercare, although under certain circumstances it can still occur. For instance, certain types of offenders who are not eligible on the basis of validated risk factors can be included in intensive after-

Correctional systems that propose to identify and intervene with juvenile offenders must develop or adopt a validated risk assessment instrument.

Closely linked to risk assessment is generic need assessment and procedures to classify juvenile offenders based on their problems and deficits.

care on the basis of the override or aggravating circumstance option. In the same vein, mitigating overrides are sometimes used to assign a risk level category that is lower than the risk score would indicate. However, because overrides can potentially inundate intensive aftercare with more youth than the system can handle, they must be approached with great caution. At the same time, if reasonable allowances are not made to accommodate aggravating circumstances, there is a risk of encouraging erroneous scoring in order to ensure a predetermined outcome.

Closely linked to risk assessment is generic need assessment and procedures to classify juvenile offenders based on their problems and deficits. Assessing individuals according to need is crucial because ancillary and "common denominator" need factors must be considered. Furthermore, these factors may have little to do with which need-related factors "predict" recidivism for groups of securely confined delinquents. Much of the burgeoning interest in developing schemes to classify need has centered on making the correct match between the offender's underlying problems and the appropriate intervention strategy. Decisionmaking for this purpose has been characterized by efforts (based largely on technical advances in evaluative and diagnostic procedures) to subdivide juvenile offenders into carefully defined subpopulations. This classification is useful in providing more specialized and appropriate interventions.

Unlike risk assessment instruments, generic need assessment devices do not depend on the use of predictive scales. They are usually developed from staff efforts to initiate case management procedures through a structured process of analyzing problems frequently encountered in clients. Need scales should not be complicated and, in most cases, are rather straightforward systems for rating the severity of common, potential problem areas. Since these instruments tend to address generic problem areas, they are generally transferable among jurisdictions. However, minor modifications may be required to reflect differences in targeted populations.

The following are commonly evaluated in need assessment instruments:

- Vocational skills.
- Drug/chemical abuse.
- Learning disabilities.
- Academic achievement.
- Family problems.
- Parent problems.
- Recreation/leisure time.
- Residential stability.
- Communication skills.
- Sexual adjustment.
- Cognitive ability.
- Alcohol abuse.
- Emotional stability.
- School attendance.
- Employment/work performance.
- Parental control.
- Peer relationships.
- Health.
- Life skills.
- Residential living skills.
- Financial management.
- Relationships with opposite sex.

These need scale items are usually weighted through a rank ordering process. However, the basis for assigning weights varies among jurisdictions. Basing weights on workload factors is the most common approach (that is, the amount of time required to deal with a particular need). Another approach is to base

weights on whether or not each problem's resolution is related to the success or failure of aftercare. Based upon the cumulative rank ordering of the most heavily weighted items from need scales used in juvenile probation agencies in California, Illinois, Montana, and Wisconsin, it has been noted that the relative priority assigned to common need items in descending order is as follows:

1. Substance abuse.
2. Emotional stability.
3. Family problems.
4. School problems.
5. Intellectual impairment (Baird et al., 1984).

Some of the common need items can be found among the need-related risk factors that predict recidivism.

The success of past aftercare programs is difficult to determine because few programs were adequately evaluated.

Identification of promising programs

Mail survey and telephone interviews

The mail survey and telephone interviews were designed to identify innovative, promising, or commendable intensive aftercare programs and were used to gather policy and program information. The mail survey generated 36 recommended programs. These programs were contacted and a detailed telephone interview was administered. Based on the information obtained from these interviews, a program typology was developed reflecting three possible models of supervision and service delivery: (1) institution-based (prerelease) programs, (2) integrated institutional/aftercare programs, and (3) residential and nonresidential community-based programs that serve youth after their release from institutional confinement. (See Altschuler and Armstrong, 1990, for a detailed description of these programs.)

Three institution-based programs, which operated out of State-run correctional facilities, were identified in the survey. Each stressed independent living skills, education, and vocational training. The second type of identified program consisted of institutional prerelease programs in which aftercare components were more fully integrated with community-based programs. Four of these programs were identified in the survey. Staff in these programs were often involved in both pre- and postinstitutional confinement activities. The third program type noted in the survey was community-based aftercare; not surprisingly the largest number of programs (29) fell into this category. These programs provided a wide array of services. A number contracted for tracking and, in several cases, electronic monitoring were used to ensure compliance.

In summary, the survey indicated that the idea of "promising" or "innovative" differed greatly among the contacted jurisdictions. Moreover, this idea appeared to depend primarily upon the level of attention and amount of resources generally being directed to juvenile aftercare in the jurisdiction. Innovation and promise are determined by customary practice in the jurisdiction, and, thus, anything different will likely be conceived as innovative or promising. Additionally, because few of the surveyed programs were even haphazardly evaluated, it was impossible to say with any precision whether the programs were successful. This dilemma poses considerable difficulty for deciding whether a program that appears to be working

Innovative intensive aftercare programs had been largely concentrated among a small group of jurisdictions.

well is actually effective and should be considered for adoption elsewhere. By the same token, it underscores the importance of developing an overall program model for doing intensive aftercare. Having a sound evaluation mechanism that can determine program integrity and measure outcomes based on a control or matched comparison group is important.

The identified aftercare programs were diverse in goals, methods, resource levels, and populations served. In fact, there was a lack of uniformity on what constituted the primary components of intensive aftercare supervision. Few programs maintained any degree of meaningful staff continuity across the institutional aftercare boundary and even rudimentary continuity of care was not evident. Consequently, these shortcomings make the design and implementation of intensive aftercare a goal worthy of achievement rather than an existing reality. The institutional aftercare chasm remains vast because most of the recommended programs, which were community based, had limited if any involvement with youth or no dependable information about them before their release from institutional confinement.

Site-visit factfinding

The major dimensions of the model emerged from the assessment work, which included the literature review, the mail survey and resulting telephone interviews, and information provided by policymakers, administrators, practitioners, researchers, and youth corrections professionals. Subsequently, criteria were developed to select the sites for more detailed, firsthand program observation. The staff recognized early in the project that intensive aftercare programs which embraced the key criteria would be identified as possible candidates for site-visit factfinding. Strategies targeted for further inquiry included: encouraging the development of new community resources through purchase-of-service arrangements with private sector providers, ensuring continuity of care and case management across the institution-aftercare continuum, initiating assessment and classifications systems, and devising a network of coordinated services and system of supervision suitable for inner-city and rural environments.

When the final determination of sites was undertaken, project staff discovered that innovative intensive aftercare programs had been largely concentrated among a small group of jurisdictions. Within these jurisdictions, for a number of reasons, the momentum for change in juvenile aftercare had led to experimentation and reform. For example, in Florida the Bobby M. Consent Decree had forced the State to restructure juvenile corrections in fundamental ways, including the approach being taken in the provision of aftercare. On the other hand, in Pennsylvania the Juvenile Court Judges Commission's Aftercare Project spurred the development of numerous aftercare programs that operated through county probation. This effort included experimentation with intensive aftercare.

It became clear during site screening that for aftercare to provide such things as continuity of care and staged reentry incorporating graduated sanctions and positive reinforcement, a systemwide perspective was essential. This broader approach would involve traditionally separate and sometimes rival justice system components such as courts, corrections, parole, and community resources, and human service system components including corrections, mental health, and education. Consequently, the selection of sites was determined by the decision to focus more on programming that possessed a systemwide orientation (that is,

entire States or regions, multicounty efforts, countywide initiatives) rather than a single aftercare program.

The resulting approach that was employed during site-visit factfinding was to maximize efforts to document different practices by targeting six jurisdictions and then visiting as many recommended programs as possible. Twenty-three different programs in six States were visited. This number included three States that were analyzed in considerable detail regarding the development and operation of their statewide aftercare approaches.

Intensive aftercare program model

The project's review of research revealed risk factors that frequently predict reoffending behavior generally include both justice system factors (for example, age of youth at first justice system contact and number of prior offenses) and need-related factors (family, peers, school, substance abuse). A variety of other special need and ancillary factors, although not necessarily predictive of recidivism, remain relatively common among juvenile recidivists (for example, learning problems, low self-esteem). Finally, a small minority of juvenile offenders appears to have still other very serious problems, such as diagnosed emotional disturbance.

Theory, principles, and goals

Given the range and nature of both offense- and need-related risk factors, as well as of other special need and ancillary factors, the challenge becomes one of how to link this array of factors with a sufficiently broad-based, practical strategy that holds promise in combating recidivism. It is through the intensive juvenile aftercare program model that the project has arrived at just such a strategy. A schematic of this model is shown in figure 1. Linking the risk factors and problems with a broad-based strategy is accomplished by a theory-driven, empirically based program model that establishes a clear set of comprehensive guiding principles; specific, tangible program elements; and a set of needed services.

The IAP model's central requirement is that it fit the conditions of each jurisdiction that attempts to reduce the recidivism of its own juvenile parolee population. Organizational characteristics, the structure of juvenile justice and adolescent service delivery systems, the size and nature of offender populations, and resource availability differ widely among States. In addition, managing identified high-risk juvenile parolees requires the pursuit of multiple goals. These goals include maintaining public protection both in the short and long run, assuring individual accountability, and providing treatment/support services. Exactly how these goals can be achieved may vary in jurisdictions across the country. Moreover, because of current economic constraints on State governments in general, and correctional budgets in particular, all three goals must be achieved with limited resources.

The principles, elements, and services that establish IAP parameters can be, and indeed must be configured and applied in different ways. The IAP model offers a promising direction that holds great potential if the form it takes remains clear

Risk factors that predict reoffending behavior include the age of the youth, number of prior offenses, and the influence of family, peers, and school.

The IAP model must fit the conditions of each jurisdiction that attempts to reduce recidivism.

and consistent with IAP specifications. As important, IAP also offers a challenge to the professional community because it requires an unequivocal commitment by the major juvenile justice, child-serving, and community agencies and associations. They must develop a plan detailing who will assume responsibility for particular tasks and how and when the tasks will be carried out.

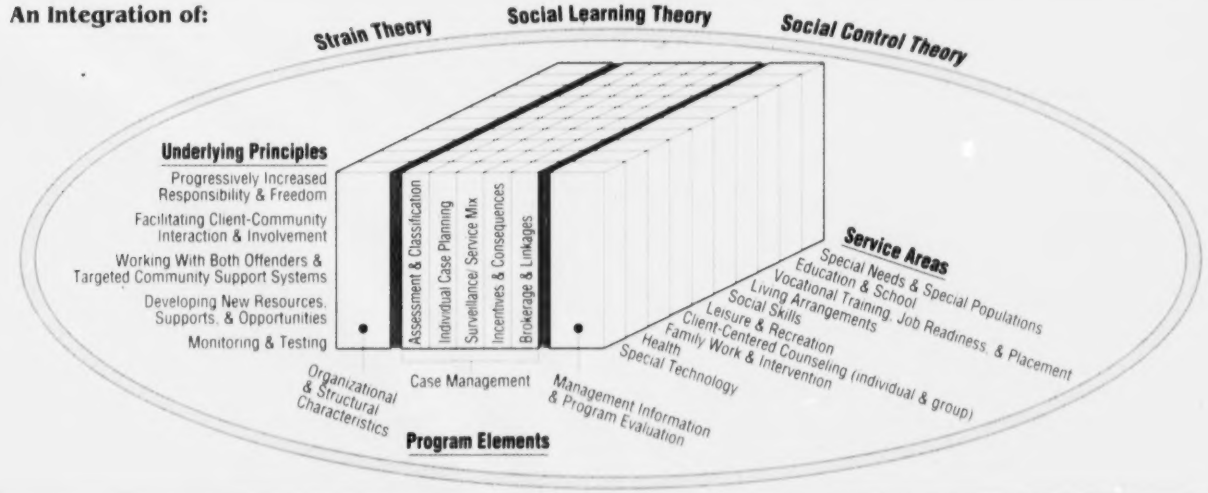
The plan must be guided by an underlying conception of the fundamental nature of the problem. Deficiencies in conceptual or theoretical underpinnings of programs have consequences. If a program's philosophy is ambiguous or absent, it is difficult for staff, participants, and others to understand which practices should be pursued and how they should be accomplished.

Previous efforts to develop a framework for intervention with serious, chronic juvenile offenders recognized the multifaceted nature of the problem and recommended integrating formerly freestanding theories, notably social control, strain, and social learning theories (Elliott and Voss, 1974; Conger, 1976; Elliott et al., 1979, 1985; Weiss and Hawkins, 1981; Fagan and Jones, 1984). The IAP model is grounded in a similar integration. Distinctive to the IAP model, however, is its focus on the numerous issues and concerns arising out of the mostly disconnected and fragmented handling of offenders. This handling covers all decisions and actions during court disposition, institutionalization, parole, aftercare supervision, and discharge.

Properly designed and implemented, the IAP model addresses two of the acknowledged deficiencies of the current system of secure correctional commitment: (1) that institutional confinement does not adequately prepare youth for return to the community, and (2) that lessons and skills learned in secure confinement are neither monitored nor reinforced outside the institution.

Integrated theory and research on risk factors provide a sound basis and rationale for the identification of the model's general goals, elements, and specific

Figure 1: Intervention Model for Juvenile Intensive Aftercare



services. The problem of high-risk juvenile recidivism must be approached with a comprehensive, coordinated plan that transcends institutional and professional boundaries. Five principles of programmatic action requisite to the IAP model embody its theoretical assumptions and the empirical evidence regarding the multiple causes of and behavioral changes associated with repeat offenders.

1. Preparing youth for progressively increased responsibility and freedom in the community.
2. Facilitating youth-community interaction and involvement.
3. Working with both the offender and targeted community support systems (for example, families, peers, schools, employers) on qualities needed for constructive interaction and the youth's successful community adjustment.
4. Developing new resources and supports where needed.
5. Monitoring and testing the youth and the community on their ability to deal with each other productively.

These principles, which flow from the integrated theoretical framework, collectively establish a set of fundamental operational goals for the IAP model. Generally, these principles allow a reasonable degree of flexibility in how the goals will be achieved. The overall aim is to identify and help high-risk juvenile offenders make a gradual transition from secure confinement into the community and thereby lower the high rate of failure and relapse. It is essential to give planners, administrators, and staff sufficient latitude to consider a range of components, features, and processes that best suit the needs of both their own communities and confined youth. Therefore, three major elements and five subelements must be taken into account as planners and practitioners translate IAP theory and principles into actual practice.

The overall aim is to identify and help high-risk juvenile offenders make a gradual transition from secure confinement into the community.

Organizational factors and the external environment

The administration and organization of juvenile parole varies substantially in jurisdictions across the country. Differences comprise such factors as State law and institutional arrangements involving the role of the judiciary, youth authorities, independent boards, and other agencies. Jurisdictions also differ in level of resources available, number and location of involved youth, and degree of urbanization. Other differences include reliance upon private providers and purchase-of-service contracts, civil service and unionization, and community attitudes. These different factors establish an organizational and environmental climate within which juvenile parole must function. A complicating characteristic of intensive aftercare is that it must transcend traditional agency boundaries and professional interests. Consequently, if IAP is to work, a commitment and sense of ownership is required by the major agencies and interests that play a role. These agencies include the courts, institutions, aftercare, education, child mental health and social service, employment and vocational training, and substance abuse treatment.

Overarching case management is required for high-risk delinquents to make the transition from secure confinement to intensive aftercare.

Understanding juvenile parole as it functions within the juvenile justice system, the child welfare service delivery system and the private provider child-serving system is a crucial first step in an IAP action planning and development process. The goal is to develop a formal mechanism (such as a steering committee) through which oversight of planning, managing, implementing, and assessing the IAP will be maintained. Participants should include senior managers from each of the major interests identified through an initial assessment of juvenile parole. This is vital to instilling a collective sense of ownership, partnership, and investment.

Having the support of all potentially involved interests is a necessity since the IAP can assume a number of different organizational forms, representing variations of the generic model. Possibilities include a collaborative, publicly run program; a jointly funded purchase-of-service demonstration; or some other venture based on interagency agreements. In some jurisdictions, the aftercare agency uses extensive purchase-of-service contracts with private providers, while in others, the aftercare agency is directly responsible for providing most of the supervision and service available to parolees. In other cases, the agency primarily makes referrals to community resources (for example, county mental health, big brother, local recreation program) that provide service for little or no charge. Whichever approach IAP uses in a given jurisdiction, incorporating the experience and recommendations of the major child-service providers is recommended as a way to build community support for IAP.

Overarching case management

In general terms, overarching case management is the process required for high-risk delinquents to make the transition from secure confinement to intensive aftercare. The process involves several aspects: coordinated and comprehensive planning, information exchange, continuity, consistency, service provision and referral, and monitoring. Particular attention is focused on five discrete components or sub-elements that define the specific areas of responsibility that key staff must coordinate and jointly plan. Key staff include people who are involved with the designated high-risk cases from the point of secure care disposition until discharge from parole status. Case management components include:

- Assessment, classification, and selection criteria.
- Individual case planning incorporating a family and community perspective.
- A mix of intensive surveillance and services.
- A balance of incentives and graduated consequences coupled with the imposition of realistic, enforceable conditions.
- Service brokerage with community resources and linkage with social networks.

These components require the active involvement of the aftercare counselor as soon as secure confinement begins. Aftercare providers must initiate some form of service before discharge from secure confinement. The lack of meaningful involvement on the part of the aftercare worker until the final phase of confinement, if then, is among the more serious problems that have confronted after-

care. Other problems include little coordination, transitioning, continuity, or consistency between what occurs inside a secure facility and after. Furthermore, family concerns receive negligible attention during most of the confinement period and frequently afterwards. Another problem is sporadic monitoring of parolees and aftercare service providers.

None of these problems will surprise parole or institution staff. Indeed, these are the problems they have recited for years. The following conditions contribute to the problem:

- A scarcity of correctional funding devoted to aftercare.
- A paucity of community programs and resources.
- Large caseload sizes and inadequate staffing.
- Fragmented lines of authority.
- Unrealistic coverage (for example, traditional business hours and no weekends).
- A lack of differential supervision standards and an associated workload management system.
- Insufficient attention to prerelease planning and staff capability.
- Excessive distance between institution and home community.
- Professional and organizational rigidity.
- Rivalry and turf battling.
- A crisis-driven mode of operation.

As a result, the courts, correctional facilities, parole agencies, and aftercare service providers often have been unable or unwilling to work together on reintegration and prerelease planning, transitional services, and aftercare supervision and support. A commitment to jointly planned and shared funding of aftercare is needed. Case management, as detailed in the IAP model, provides specific guidance on goals and how they can be achieved.

Assessment, classification, and selection criteria

The target population for IAP is that group of institutionalized juveniles who pose the highest risk of becoming repeat offenders in the community. Placing lower risk juveniles in intensive aftercare is inefficient and impractical. Indeed, growing evidence suggests that intensive supervision of lower risk offenders leads to increased technical violations and subsequent reincarceration. Objectively determining which juveniles are at high risk of chronic delinquency requires the design of a risk-screening device that can classify local juvenile offenders according to their probability of rearrest or reconviction. As previously noted, a number of risk measures seem predictive of continued criminal involvement across jurisdictions. Even with these measures, however, decisions on how much weight each risk measure should be given (such as scoring), what cutoff points should be used to differentiate the various levels of risk, and how many risk levels to use are not the same everywhere. As a result, these questions will have major implications for how many staff will be needed and what they

The target population for IAP is that group of institutionalized juveniles who pose the highest risk of becoming repeat offenders.

Matching IAP youth with programs and people in the community requires a clear understanding of each potential program's intervention strategy.

can realistically accomplish. These implications mean that assessment and classification tools must be validated in the jurisdiction and that projections must be made regarding the size of the IAP population that will be served.

Individual case planning incorporating a family and community perspective

Individualized planning related to intensive aftercare needs to begin as soon as a youth is committed to a secure correctional facility. Once high-risk youth are identified for participation in IAP, individualized case planning involving institutional and aftercare staff is required to determine: (1) how identified need-related risk factors will be addressed in the secure facility and through aftercare programming and supervision; (2) the special needs of youth, with particular attention to needs linked to the offender's social network (for example, family, close friends, peers in general) and community (for example, schools, workplace, church, training programs, specialized treatment programs); and (3) how the total set of risks, needs, and associated circumstances will be addressed during a phased transition from secure facility to aftercare.

The matching of IAP youth with programs and people in the community requires a clear understanding of each potential program's intervention strategy (that is, degree of change sought and range of attributes targeted for attention) and organizing model (that is, specific components, features, and processes such as how reinforcers and sanctions are used, how limits are set, how client movement or progression through a program is directed, etc.). Certain community programs target limited problem areas and employ specific approaches. Transition cannot occur without interconnecting aftercare with the IAP youth's activities while in the secure facility. To preserve gains made while in secure confinement, aftercare must build on them. Accordingly, whether aftercare service providers begin working with IAP youth while they are still inside the secure facility or while on prerelease furloughs, contact must be initiated before discharge. This process can only happen if the secure facility and aftercare providers are accessible to each other and if the community provider is located nearby. This requires individualized planning for aftercare early in secure confinement.

A mix of intensive surveillance and services

Although closer and more frequent monitoring and supervision of juvenile parolees is an important aspect of IAP, services and support are integral as well. As noted, common risk factors include offense and need-related items. A strictly surveillance-oriented approach does not address need-related risk factors. If need-related risk factors are linked principally to the family and the home, school and learning difficulties, negative peer influences, and substance abuse, the challenge for IAP is clear: ensuring that core services are used and that families and friends are involved on a regular basis in activities, events, and programs. Day programming that extends into weekends and attention to evening activity is key. Such programming can be tied to work, chores, assignments, volunteer work, community service, recreation, arts and crafts, etc. Although it is unlikely that any one program would provide the full range of

services, the IAP model requires that a comprehensive system of services be established and that the primary aftercare case manager oversee their delivery.

Within the context of IAP, surveillance and supervision are not viewed as merely a means to deter misconduct. The various approaches used to monitor the movement and behavior of high-risk parolees provide IAP staff with the means: (1) to recognize immediately when infractions, as well as achievements, have taken place, (2) to know beforehand when circumstances may be prompting misconduct or leading to problems, and (3) to respond accordingly by relying on both reward and graduated sanctions. Thus, the limits of electronic monitoring and drug testing are apparent. They do not provide an early warning signal; they do not address precipitating circumstances; and they do not detect accomplishments. While technological innovations have a valuable role to perform in surveillance, their limits must be explicitly noted. Swift and certain response on the reward and sanction side requires more than new technology.

A balance of incentives and graduated consequences coupled with realistic, enforceable parole conditions

The involvement of meaningful incentives and graduated consequences as part of IAP is a recognition of the fact that juvenile aftercare has often been burdened with unrealistic and unenforceable parole conditions and devoid of any positive reinforcement, rewards, or inducements. Restrictions and limitations generally imposed at the initiation of aftercare afford little room to impose proportionately more stringent sanctions short of revocation.

Although it is widely recognized that tangible and symbolic rewards and praise play an important role in demonstrating to individuals the benefits and satisfactions that can be derived from socially acceptable accomplishments, recognition of achievement is all too rare in aftercare. A number of different approaches have been employed by various programs to routinely monitor progress, reinforce prosocial conduct, and guide advancement. These approaches range from relatively simple mechanisms involving frequent case reviews incorporating other peers and family, to elaborately structured token economies in which particular privileges or rewards are tied to the attainment of specific goals.

Because IAP is designed to intensify the number, duration, and nature of contacts aftercare workers have with paroled youth and collaterals (family, peers, school staff, employers, other involved service providers), it is inevitable that more infractions, technical violations, and instances of noncompliance will surface. With the absence of guidelines on a hierarchy of consequences at their disposal, aftercare workers may tend to do nothing—which undermines their authority—or to impose sanctions disproportionate to the violation. Reincarcerating technical violators contributes to the institutional crowding that plagues many communities. It is little wonder that some observers regard intensive supervision as much a cause of the crowding problem as a potential solution. Besides having a graduated system of sanctions, jurisdictions considering IAP should review their juvenile revocation policy for possible revisions. These changes could take the form of restricting reincarceration only to IAP youth

Reincarcerating technical violators contributes to the institutional crowding that plagues many communities.

Youth who have family problems, who associate with negative peer groups, and who are disruptive in school are at the highest risk of becoming repeat offenders.

with new offense convictions and creating a special short-term residential backup facility for IAP technical violators.

Service brokerage with community resources and linkage with social networks

It is unrealistic to expect that comprehensive and intensive service provision coupled with close supervision and monitoring can be provided without the active involvement of a variety of community support systems. It is impractical to expect that the primary aftercare worker could spend all the time required with each youth and be capable of providing the full range of needed services. Thus, referral and brokerage become crucial functions, which in turn means that program monitoring and quality control are paramount concerns. Linkage with social networks is key. As prior research on risk factors suggests, youth who have family problems, who associate with negative peer groups, and who are disruptive in school are at the highest risk of becoming repeat offenders. Accordingly, programming must focus on: (1) improving the family situation, (2) intervening with the peer group, and (3) reversing the cycle of school failure. These goals require linkage with major social networks.

A number of different brokerage and linkage approaches described in *An Assessment* (Altschuler and Armstrong, 1990) are being pursued by various jurisdictions across the country. Regardless of how brokerage and linkage is approached, the keys to IAP are first to involve a variety of community support systems in service delivery and to see that for each youth there is a staff person who is actively working on reinforcing, or if necessary, developing a supportive network. Second, it is essential to devise a process to ensure coordination and continuity in work being done on a case and to monitor the extent and quality of the service provision.

Management information and program evaluation

The final program element in the model emerges from all other elements as well as from the underlying principles. It is imperative to maintain close oversight over implementation and quality control and to determine the overall effectiveness of the program. With regard to process evaluation, an ongoing management information system is required to ensure the operational integrity of IAP. This entails the collection of appropriate data to assess day-to-day operations and performance. No test of the model is possible if implementation diverges from design principles and elements. The availability of timely information enables needed adjustments and changes to be made before the program has veered substantially off course. Besides collecting basic information on who is served and in what ways, it is also important to assess and document staffing patterns and selection, job responsibilities, staff turnover, and job performance.

Assessing outcome can be quite complex and should be assigned to well-qualified individuals. Although random assignment may not be feasible, a sound evaluation design must be part of the IAP initiative. The research design should focus on finding an appropriate comparison group, including multiple

measures of recidivism and cognitive, behavioral, and emotional outcomes. These outcomes should be followed for at least a year after discharge from IAP. Moreover, it is important to serve enough high-risk cases to provide IAP with a large enough sample for reliable data analysis.

Next steps

To date, four reports, *Intensive Aftercare for High-Risk Juveniles: An Assessment* (Altschuler and Armstrong, 1990); *Intensive Aftercare for High-Risk Juveniles: A Community Care Model* (Altschuler and Armstrong, 1994); *Intensive Aftercare for High-Risk Juveniles: Policies and Procedures* (Altschuler and Armstrong, 1994); and *Intensive Aftercare for High-Risk Juveniles: Training Manual for Action Planning Conference* (Altschuler and Armstrong, eds., 1992) have been submitted to OJJDP. Project staff worked closely with a group of national experts on developing a detailed IAP training curriculum that was used in training the action planning teams from the eight jurisdictions. The training manual presents the entire IAP model, relying on step-by-step instruction that outlines the theoretical underpinnings, underlying principles, program elements, and array of services.

Based on submitted concept papers from interested States and localities, eight jurisdictions were selected to participate in action planning conferences held in late 1992 and 1993. The training was designed for senior- and mid-level administrative staff from jurisdictions interested in adapting, implementing, and managing pilot IAP programs modeled on the prototype. Currently the eight States are at various stages in the development and implementation of their pilot IAPs.

Beyond the initial training, technical assistance, and testing of the model, the long-term goal for this project over the next decade is to alter substantially the way in which juvenile aftercare has been traditionally designed and managed across the United States. The unacceptable rates of failure that have characterized high-risk juvenile offenders on parole must begin to be addressed through a fundamental rethinking. The focus should be on the basic structures, procedures, and goals that define how more severely delinquent youth are handled at the points of correctional confinement and transition back into the community. It is hoped that the eight States that received the training, as well as other jurisdictions, will test versions of the generic IAP model that are appropriate to their local environments; subsequently, they should move to incorporate these pilot efforts as part of their larger juvenile correctional systems. If this occurs, the primary result will be a major transformation in how juvenile parole for high-risk offenders is conducted in this country.

For a copy of *Intensive Community-Based Aftercare Programs: Training Manual for Action Planning Conference*, write David M. Altschuler, Ph.D., The Johns Hopkins University, Institute for Policy Studies, Wyman Building, 3400 North Charles Street, Baltimore, MD 21218, or call 410–516–7177. The cost of the manual is $20.00.

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More detailed information about this study and issues surrounding intensive community-based aftercare programs is available through the Juvenile Justice Clearinghouse.

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